



Employment Application

City of Hartford
Personnel Department
550 Main Street, Ground Floor
Hartford, CT 06103
Office Hours: Mon-Fri 8:30 a.m. - 4:30 p.m.
860-543-8590 (Office)
860-543-8593 (Job Line) / 860-722-8042 (Fax)
www.hartford.gov

In compliance with the Freedom of Information Act, most of the information in this application may be considered a matter of public record. Please answer all questions fully and accurately. Applications may be rejected or receive lower ratings if answers are incomplete, vague or evasive. Your statements may be brief but should include all information relevant to the qualifications of the position for which you are applying. The completion of the attached Affirmative Action Data Sheet is voluntary but completion of the attached question regarding criminal conviction is mandatory. The City of Hartford is an Equal Opportunity Employer.

1.	JOB APPLYING FOR (USE TITLE ON JOB ANNOUNCEMENT) _____	EXAM NO. _____																														
2.	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">(PRINT) _____</div> <div style="width: 30%;">LAST NAME _____</div> <div style="width: 30%;">FIRST NAME _____</div> <div style="width: 10%;">INITIAL _____</div> </div>																															
3.	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">NO. & STREET ADDRESS _____</div> <div style="width: 30%;">CITY _____</div> <div style="width: 10%;">STATE _____</div> <div style="width: 15%;">ZIP CODE _____</div> </div>																															
4.	() - _____ HOME PHONE NO.																															
5.	() - _____ WORK PHONE NO.																															
6.	- - - SOCIAL SECURITY NO.																															
7.	/ / DATE OF BIRTH																															
8.	_____ E-MAIL ADDRESS																															
9.	Are you now or have you ever been employed by the City of Hartford, Hartford Board of Education or Hartford Public Library? <div style="float: right; text-align: right;"> Yes No </div> <p><small>If yes, please indicate the employer, position and date(s) of employment</small></p> <table style="width:100%; border-top: 1px solid black; border-bottom: 1px solid black;"> <tr> <td style="width:40%; text-align: center;">Employer</td> <td style="width:30%; text-align: center;">Position</td> <td style="width:30%; text-align: center;">Dates of Employment</td> </tr> </table>		Employer	Position	Dates of Employment																											
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10.	Are you a U.S. Citizen or authorized to work in the U.S.? <div style="float: right; text-align: right;"> Yes No </div> <p><small>(Please note that if you are hired, you will be required to provide proof of U.S. Citizenship or authorization to work in the U.S. - U.S. citizenship is required for Police Officer positions.)</small></p>																															
11.	EDUCATION A. Give highest grade completed if you <u>did not</u> attend high school. _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">B. High School</td> <td style="width:25%;">Location</td> <td style="width:20%;">Last Year Completed</td> <td style="width:10%;">Diploma/ GED</td> <td style="width:20%;">Dates Attended</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>9 10 11 12</td> <td>Yes / No</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">C. College/University</td> <td style="width:25%;">Location</td> <td style="width:20%;">Dates Attended</td> <td style="width:20%;">Degree/Major</td> <td style="width:10%;">Credits</td> </tr> <tr> <td>_____</td> <td>_____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td></td> <td></td> <td></td> </tr> </table> D. SPECIALIZED TRAINING/ACTIVITIES List specialized training and extra-curricular activities <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>		B. High School	Location	Last Year Completed	Diploma/ GED	Dates Attended	_____	_____	9 10 11 12	Yes / No		C. College/University	Location	Dates Attended	Degree/Major	Credits	_____	_____				_____	_____				_____	_____			
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_____	_____																															
_____	_____																															
_____	_____																															
Some Veterans may be eligible for special preference - check with the Personnel Department.																																

12. SPECIAL QUALIFICATIONS AND SKILLS

A. List licenses, (include driver's license or commercial driver's license A, B or C) or certifications which you possess for any type of work. Also list the state or other licensing authority which granted it and applicable operator numbers and expiration dates:

B. List any special skills, machines and equipment which you can operate (include typing speed if appropriate) which may qualify you for the position for which you are applying:

C. Give any special qualifications not covered elsewhere in this application, such as (1) your publications; (2) membership in professional organizations; (3) honors and awards received:

D. List all computer programs with which you are proficient; MS Word, MS Access, Excel, etc.:

E. Can you speak, read or write any language other than English? Yes No
If Yes, indicate language and check type and degree of fluency:

Language

Speak Read Write Excellent Good Fair

13. EXPERIENCE: In the space provided below give a complete record of your employment over the last 10 years beginning with your present or most recent employment. Account for all periods, including self-employment, unemployment, and military service (list type of separation). Use additional sheets if necessary. Work performed more than 10 years ago should be noted if related to the position for which you are applying.

May we contact your present employer?

YES

NO

(Note: We may contact previous employers to verify information)

STARTING DATE MONTH YEAR	ENDING DATE MONTH YEAR	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER	
SALARY	SALARY	HOURS PER WEEK	NAME, TITLE AND PHONE NUMBER OF IMMEDIATE SUPERVISOR
REASONS FOR LEAVING		YOUR PRESENT OR LAST JOB TITLE:	
YOUR DUTIES:			

STARTING DATE MONTH YEAR	ENDING DATE MONTH YEAR	NAME AND ADDRESS OF EMPLOYER	
SALARY	SALARY	HOURS PER WEEK	NAME, TITLE AND PHONE NUMBER OF IMMEDIATE SUPERVISOR
REASONS FOR LEAVING		YOUR JOB TITLE:	
YOUR DUTIES:			

STARTING DATE MONTH YEAR	ENDING DATE MONTH YEAR	NAME AND ADDRESS OF EMPLOYER	
SALARY	SALARY	HOURS PER WEEK	NAME, TITLE AND PHONE NUMBER OF IMMEDIATE SUPERVISOR
REASONS FOR LEAVING		YOUR JOB TITLE:	
YOUR DUTIES:			

STARTING DATE MONTH YEAR	ENDING DATE MONTH YEAR	NAME AND ADDRESS OF EMPLOYER	
SALARY	SALARY	HOURS PER WEEK	NAME, TITLE AND PHONE NUMBER OF IMMEDIATE SUPERVISOR
REASONS FOR LEAVING		YOUR JOB TITLE:	
YOUR DUTIES:			

14. **REFERENCES:** List below three individuals who can describe your qualifications for this position, preferably supervisors, co-workers, professors, colleagues, etc.

Name and Job Title: _____
Company/Agency Name: _____
Complete Address: _____
Phone: () -

Name and Job Title: _____
Company/Agency Name: _____
Complete Address: _____
Phone: () -

Name and Job Title: _____
Company/Agency Name: _____
Complete Address: _____
Phone: () -

CERTIFICATION:

I certify that all information provided on or in connection with this application is true, complete, and correct to the best of my knowledge and belief and is made in good faith. I understand that the information is subject to verification by the City of Hartford and that incomplete, false, misleading or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed. I also give my consent to the former employers, schools and references identified in this application to release all information concerning me to the City of Hartford. I also hereby release the City of Hartford as well as each former employer, school and reference identified in this application from any and all claims and liabilities that may arise from disclosure of information concerning me to the City of Hartford. I also give my permission for the City of Hartford to investigate my personal history through, among other things, review of criminal history records, motor vehicle records and other records as may be appropriate. I hereby give my consent to the Connecticut Department of Motor Vehicles, the Connecticut Department of Public Safety, the Connecticut Department of Children and Families and the Federal Bureau of Investigation to release records concerning me to the City of Hartford. I understand that the City's acceptance of this application does not constitute or imply an employment agreement. I agree that, if I am employed, I will abide by all City policies, procedures, directives and rules.

APPLICANT'S SIGNATURE

DATE SIGNED

For Personnel Use: Do not write in this space

Q _____ NQ _____

Vet _____ Dis. Vet _____

Reviewed by: _____ Date _____

Res _____ Educ _____

Exp _____ Not City Emp _____

Other _____

(Question must be completed)

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CITY OF HARTFORD

AFFIRMATIVE ACTION DATA

The City of Hartford is an Equal Opportunity/Affirmative Action Employer. Applicants are considered for positions without regard to race, creed, color, religion, sex, national origin, sexual orientation, ancestry, age, marital, family or veteran status, past or present history of mental disorder, mental retardation, learning disability, or physical disability including but not limited to blindness.

Because the City of Hartford is committed to making a concerted effort to recruit qualified applicants from all of the above mentioned groups, we ask that you complete the following questions so that we may evaluate those efforts.

This information will be used solely for EEO reports, affirmative action and recruitment purposes, in accordance with the American with Disabilities Act (ADA) and other applicable laws. Submission of this data is **voluntary** and refusal will not subject you to any adverse treatment. Although completing this information is voluntary, your cooperation will help us with mandated federal and state reporting requirements and with future recruitment efforts. As required by the ADA and other applicable laws, this data will be maintained in a file separate from your application.

Position(s) Applied For _____ **Date** _____

Check (0) one: Sex ☐ Male ☐ Female **Date of Birth** _____

Check (0) one: Race/Ethnic Group

☐ Caucasian ☐ African American ☐ Hispanic ☐ American Indian, Eskimo, or Aleut ☐ Asian or Pacific Islander ☐ Other _____

Check (0) if any of the following are applicable:

☐ Veteran ☐ Veteran with a Disability ☐ Individual with a Disability

Please identify the nature of your disability in the space below if you so choose:

Please indicate below how you became aware of this job opportunity:

Check (0) one or more:

☐ Newspaper
☐ Radio
☐ Job Posting
☐ Employment referral service
☐ Community/Civic organization
☐ City of Hartford (job line, walk-in, web-site)
☐ Cable access channel
☐ College Placement Office
☐ Informed by a friend
☐ Informed by a City employee
☐ Other (please specify) _____

Name of paper: _____
Name of station: _____
Where: _____
Please provide name: _____
Please provide name: _____

THANK YOU

CITY OF HARTFORD
RESIDENCY AFFIDAVIT

The City of Hartford requires that you provide irrefutable evidence to substantiate that at the date of application for employment you are domiciled in the City of Hartford. For the purposes of this Request, “**DOMICILED**” is defined to be “that place where an individual has his or her true, fixed, and permanent home, where he or she normally eats and sleeps and maintains his or her personal effects.”

You are required to complete and submit this form at the time of your application for employment. You must also be prepared to submit any additional documentation, as the Director of Personnel may require. This information will be subject to verification during the background investigation.

NOTICE: THE APPLICANT BEARS THE BURDEN TO SHOW LEGAL DOMICILE. ANY FALSE OR MISLEADING STATEMENTS WILL RESULT IN IMMEDIATE DISQUALIFICATION OR DISMISSAL.

Position Applied for & Exam Number: _____

I, _____, hereby attest that I am a bona fide resident of the
Name of Applicant (*Please Print*)
City of Hartford, who, as of the date of the application for the above position was filed, is domiciled within the City of Hartford. Evidence to substantiate my claim for residency is provided as follows:

Complete all statements. **Must have proof of the following:**

1. _____
[] I own Address
[] I rent
[] other (explain) _____

If renting, please provide the following and a **copy of the lease**:

Name and Address of Landlord Phone number

2. [] I do not own property outside the City of Hartford
[] I own property outside the City of Hartford

Where? Explain _____

3. I have lived in the City of Hartford since ____ / ____ / ____
Mo. Day Year

(Over)

4. ☐ I have a driver's license and **have provided a copy.**
☐ I do not have a driver's license

5. ☐ I do not own a motor vehicle
☐ I own (a) motor vehicle(s)

_____ License Plate #	_____ Make & Model of Vehicle	_____ Town where vehicle is registered
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6. ☐ I am a registered voter in the City of Hartford
☐ I am not a registered voter
☐ I am a registered voter in another town (*Please Specify*) _____

7. I **have provided a copy** of at least one of the following utility bills:
☐ telephone
☐ electric/gas
☐ cable
☐ other material showing your Hartford address (ie. bills, bank statement, magazine label)

8. If you are unable to complete any of the above, please explain the unusual circumstances.

If you fail to provide the above information/documentation for bona fide residency, it may result in your disqualification as a non resident and you will not be considered further in this recruitment process.

I hereby certify that ALL statements made by me on this application are true, complete and correct. I understand and agree that if I make any false or misleading statements of fact, I am subject to immediate disqualification, rescinding of certification, or dismissal and to such other penalties prescribed by the law.

Signature of Applicant

Date

* *Please provide your own copies of the above documentation. Photo copies made at the Personnel Department are 50 cents per page.*

FOR OFFICE USE ONLY:

Residency Approved by : _____ Date : _____